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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.

Application No.: 09/888,311

Group No.: 1617

Filed: 06/22/2001

Examiner: K. Stiller

For: PHOSPHOLIPID-BASED POWDERS FOR INHALATION

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment and Information Disclosure Statement for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 3/5/2002

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Signature

Kathy Honner

(type or print name of person certifying)

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	26	Minus	20	= 6	x \$18 = \$108
Indep.	4	Minus	3	= 0	x \$84 = \$ 84
First Presentation of Multiple Dependent Claim				+ \$280 =	\$0
			Total	Addit. Fee	<u>\$192</u>

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$192.00

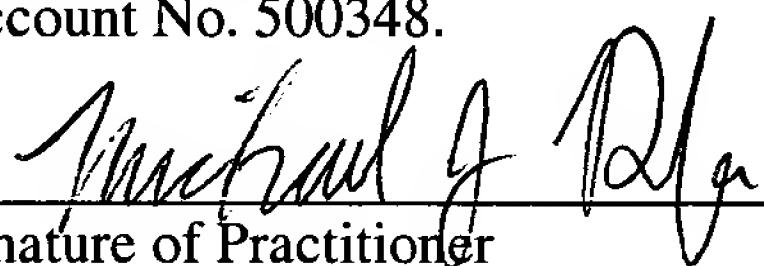
FEE PAYMENT

5. Charge Account No. 500348 the sum of \$192.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 500348.
If any additional fee for claims is required, charge Account No. 500348.

Date: 3/5/02



Signature of Practitioner

Reg. No.: 38,740
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TECHNOLOGY

Certificate of Mailing under 37 CFR 1.8

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on March 5, 2002.

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Kathy Honnert
Signature

Kathy Honnert

Typed or printed name of person of signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

The following papers listed below are submitted:

Amendment Transmittal
Amendment
Fee Transmittal
IDS
PTO/SB/08A
1 Reference